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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		
	i	A BUILDING:	01 - MAIN BUILDING 01	(X3) DATE S COMPL	
	TN:1801	B. WING		06/19	9/2017
NAME OF PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, 3	STATE, ZIP CODE		1-11-1
LIER GARE GRANDED DE COL	RA INSTU		•		
LIFE CARE CENTER OF CRO	CROSSVI	LLE, TN 38	555		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETÉ DATÉ
maintain the condithe overall nursing manner that the sa residents are assured and the same and the findings included the findings included the same and the same	e shall construct, arrange, and tion of the physical plant and home environment in such a afety and well-being of the red. let as evidenced by: tions, the facility failed to all physical environment. ded: 6/19/17 at 11:46 AM, revealed fire wall doors in the memory pottom latching hardware. 2010 Edition) 6/19/17 at 11:47 AM, revealed t installed under the three (3) is located in the memory care. 2010 Edition) director was present when were identified and they were do by the administrator during		K920 1. a) On June 19, 2017 the Maintena Director immediately removed the extent cords in the Health Information office at beauty shop. 2. a) On July 6, 2017 the Maintenan Director completed an audit of the facilitiensure extension cords were not being No concerns found during audit. 3. a) Maintenance Director will complin-service with all staff on prohibited use extension cords to be completed by July 2017. Any associate who has not compleducation will not be scheduled to work education is completed. b) The Maintenance Director and Maintenance Assistant will complete a audit times four weeks and then month three months to ensure extension cords utilized throughout the facility. 4. a) Maintenance Director will preser results of the audits to the Performance Improvement Committee. b) The Performance Improvement Committee consisting of the Executive Director of Nursing, Medical Director, Director of Facilitation, Director of Health Inform Director of Clinical Nutrition, Director of Maintenance, Director of Environmenta Services, Business Office Manager, Director of Clinical Nutrition, Director of Social Services, and Staff Development Coord will review the results. If it is deemed not by the Performance Improvement Commit additional education may be provided, the process evaluated/revised, and or the areviewed for three months or until 100% compliance is achieved.	nsion and the ce ty to utilized. blete an e of y 27. leted the until weekly ly times s are not the t Director alian linator ecessary mittee, the undits	07/27/2017 07/27/2017
wision of Health Care Facilities					1
	DERISUPPLIER REPRESENTATIVE'S SIGN		Executive Director	S 4	ADD CT

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	of Health Care Fac	Illties.				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A BUILDING	S: 01 - MAIN BUILDING 01		_,_,
		TN1801	B. WING		06/19/2017	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
HEE CAR	RE CENTER OF CRO	SSVILLE 80 JUSTI				
	AL OLITIER OF ORD	CROSSVI	LLE, TN 3	8555		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAĞ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DBE :	(X5) COMPLETE DATE
N 831	1200-8-608 (1) Building Standards		N 831	N831 1. a) The Maintenance Director will r	enlace	
•	(1) A nursing home	shall construct, arrange, and		the hardware on the three hour fire wal	, .	
,		ion of the physical plant and		the memory care unit by July 27, 2017.		07/27/20 ⁻
	the overall nursing home environment in such a manner that the safety and well-being of the			b) The Maintenance Director will r	eplace :	W1121120
			:	combustible carpet under the three hou	,	
residents are assur		rea.		wall doors in the memory care unit with	а пол-	
:			•	combustible threshold by July 27, 2017	' -	07/27/20
				2. a) On July 6, 2017 Maintenance D	Director	
				completed an audit of all other conidor	doors.	
	This Rule is not m		•	No concerns found during audit.		
		ions, the facility failed to I physical environment.	:	3. a) Maintenance Director complete		
:	maintent the overal	physical environment.	:	service with all maintenance associates		
	The findings includ-	ed:	: ,	5, 2017 regarding the importance of no removing hardware from fire doors.	,	
į			:	· }		07/27/201
:	1. Observation on 6/19/17 at 11:46 AM, revealed			b) Maintenance Director will audit		
	the three (3) hour fire wall doors in the memory care did not have bottom latching hardware.			doors monthly times three months to en hardware is missing and doors function		
	NFPA 80, 6.5.2 (20		ï	properly.		07/27/201
:	2 Observation on f	3/10/17 of 11:47 AM revealed		4. a) Maintenance Director will prese		
;	 2. Observation on 6/19/17 at 11:47 AM, revealed combustible carpet installed under the three (3) hour fire wall doors located in the memory care. 		:	results of the audits to the Performance	9 :	
i			:	Improvement Committee.		
:	NFPA 80, 4.8.5.2 (2	2010 Edition)		b) The Performance Improvement		
The!			: :	Committee consisting of the Executive Director of Nursing, Medical Director, D		
		lirector was present when were identified and they were	:	Rehabilitation, Director of Health Inform		
		by the administrator during		Director of Clinical Nutrition, Director of	•	
	the exit conference		:	Maintenance, Director of Environmenta		
			Services, Business Office Manager, Die	rector of		
			Recreational Services, Director of Social			
				Services, and Staff Development Coord		
	•			will review the results. If it is deemed no	•	
				by the Performance Improvement Com additional education may be provided, t		
				process evaluated/revised, and or the a		
				reviewed for three months or until 100%		
				compliance is achieved.		07/27/201
	alth Care Facilities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>r</u>		
		DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	ι (X6) DATE
<u>'</u> ^t	Start Miller	usl.		Executive Directex	- 8/4	FIDGI
TE FORN	1		A 590	VPY321	If continue)	of sheet 1 o

Additional page #1